U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

3. Name and address of person filing.

D. ahuna

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/2004 Through: 12/31/2004

4. Name, file number, and address of labor organization.

Name IATSE Local 80

Name Joseph D. ahuna	Labor Organization File Number 006-114
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
street 9139 burnet ave.	street 2570 West Olive avenue
city North Alus	city Burbank
State California ZIP Code + 4 91343	State California ZIP Code + 4 91505
5. Position in labor organization. President	
(everh, as aleasure	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	
6. Name and address of Employer (including trade name, if any). Name Paskal EQUPMENT	7.a. Nature of Interest, Transaction, of Interest
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street City	*3545.00
State Caufornia ZIP Code +4	
Please see attached For more	Signature Information alty of Perjury and other applicable penalties of the law, that all of the information alty of Perjury and other applicable penalties of the law, that all of the information alty of Perjury and other applicable penalties of the law, that all of the information
Signed Joseph (D. Rhuman	On 07/07/05 818 576 07040 Date Telephone Number

Leave & Dorson Filling	File Number	U- 4/007
Name of Person Filing	heringa /1) o	
b. Held an interest in or derived income or economic benefit with moneta ubstantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or it is an employer which consists of buying from or selling or leasing directly any part of which consists of buying from or selling or leasing directly lealing with your labor organization or with a trust in which your labor organization.	actively seeking to represent, or or indirectly to, or otherwise	
3. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City State ZIP Code + 4	document	
State 3	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	grant a promise with a contract to the first term of the contract to the contr	Control of the Contro
Name		
Trade Name, if any:	Gen (1) 1979 1979	
P.O. Box, Bldg., Room No., if any		er og det gren være seller grens here for for en er og en er
Street	11.b. Approximate dollar value of such dealing.	
City City	12.a. Nature of interest held or incom	C I COCK CO. Addition to the Addition of the A
State ZIP Code + 4	, whose or final	
	12.b. Amount.	
	in the parts A and B above)	
C. Received from any employer (other than an employer cove or from any labor relations consultant to an employer any payment		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. GOCF For FOR TOURNAME	ersone
Name Brauah West Coast	For Tourname	ent,
Trade Name, if any.	According to the control of the cont	
P.O. Box, Bldg., Room No., if any	A STATE OF THE STA	
street 38210 Constellation Rd	navate was a final	
City Santa Clanta,	parameter (Sec. 4.1.4.1	
State California ZIP Code + 4 913	555	e de la companya del la companya de
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.	^{€1} 500, °° ?
Towns to me and the second		

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Cast and even	GRIP Equipment Runtal	
Trade Name, if any: Lost Productions		
P.O. Box, Bldg., Room No., if any	7.b. Amount	
Street 100 E. Tulunga	T.D. Allouit	
city Burbank,	4 1850, 00	
State Collifornia ZIP Code +4 9(507		
Sign	ature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the	
Signed Joyl D. aluma	On 07/07/05 8(8 5)6 0700 Date Telephone Number	
Form LM-30 (2003)	Page 1 of 2	
Enter appropriate data below if, during the past fiscal year, you or your spou (except as specified in the exclus	lerived income or other economic benefit of	
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclus	se or minor child directly or indirectly had any of the following interests sions set forth in the instructions): lerived income or other economic benefit of on represents or is actively seeking to represent.	
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclus A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organizatio	se or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
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Enter appropriate data below If, during the past fiscal year, you or your spour (except as specified in the excluse). A. Held an interest in, engaged in transactions (including loans) with, or demonstrated the form an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Cast and Even. Trade Name, if any: Lost Productions.	se or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
Enter appropriate data below If, during the past fiscal year, you or your spour (except as specified in the excluse). A. Held an interest in, engaged in transactions (including loans) with, or domonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Cast and Craw Trade Name, if any: Productions P.O. Box, Bldg., Room No., if any	se or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
Enter appropriate data below if, during the past fiscal year, you or your spour (except as specified in the excluse) A. Held an interest in, engaged in transactions (including loans) with, or domonetary value from an employer whose employees your organizations. Name and address of Employer (including trade name, if any). Name Cast and Crew Trade Name, if any: Lost Productions P.O. Box, Bldg., Room No., if any Street (DO C. Tujunga	se or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Cast and Crew Trade Name, if any: Lost Productions P.O. Box, Bldg., Room No., if any Street (DO E. Tujunga City Burbank State Cauferina ZIP Code +4 9150>	se or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
Enter appropriate data below If, during the past fiscal year, you or your spous (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or domonetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any). Name Cast and Crew Trade Name, if any: Lost Productions P.O. Box, Bldg., Room No., if any Street (OO E. Tulunga City Burbank, State Cauferma ZIP Code +4 91503	se or minor child directly or indirectly had any of the following interests sions set forth in the instructions): lerived income or other economic benefit of an represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the	

Form LM-30 (2003)

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Paramount Equipment	Grip Equipment Rental			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount			
Street 5555 Melrose Que	T.E. AHOURE			
city Hollywood	# 150, co			
State California ZIP Code +4 90038				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	ring documents), has been examined by the signatory and is, to the best of the			
Signed Josel D. Alles	on 07/07/05 818 576 0700			
<u> </u>	Date Telephone Number			
Form M=30 (2003)				

Form LM-3D (2003)

Page 1 of 2

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Touchstone	Grip equipment Rental	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street 500 S. Buena Vista BWd.		
city Burbank	4540,00	
State Call Porvila ZIP Code +4 9157-1		
Sign	ature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the	
Signed Joseph D. Aller	On 07/07/05 8(8 5 26 0 7 0 0) Date Telephone Number	
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Form LM-30 (2003)